



VVFC Influenza Vaccine Advanced Order Form 2009-10

Contact _____ PIN _____
Facility _____ Date _____
Address _____ Phone _____
_____ Fax _____
Shipping Hours/ Instructions _____ Email _____

VVFC must receive all orders for the 2009-10 influenza season by:
March 31, 2009 at 5 PM

DIRECTIONS: Complete the boxes below with your requested number of doses of influenza vaccine. Base your request on VVFC eligibility criteria (see the box below), the influenza vaccine dosage schedule (ACIP resolutions for VFC vaccine can be found at <http://www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm>), and last season's demand. All orders are subject to VVFC approval. Orders will be limited based on vaccine availability and your facility's patient enrollment. Influenza vaccine shipments will begin Sep/Oct 2009. Please keep a copy of your vaccine request and the fax confirmation if applicable.

**VVFC Eligibility for Flu Vaccine is determined by age <19 years,
and one or more of the following:**

**Medicaid / Medicaid HMOs / No Health Insurance / American Indian or
Alaskan Native / Underinsured at FQHCs/RHCs**

* In a SHORTAGE situation, priority for VVFC influenza vaccine will be given to persons with high-risk factors.

If you are requesting vaccine for more than one facility/PIN, please indicate those PIN #s below:
(Vaccine will be shipped to the PIN indicated in the top right corner of this form)

This request includes vaccine for the following additional sites: _____

NOTE: VVFC requires Local Health Departments (LHDs) be notified of ALL plans for non-routine immunization clinics. Vaccine supply for these efforts must be coordinated with the LHD's knowledge. If VVFC vaccine is ordered for the event, you must ensure appropriate screening for VFC eligibility. Please call the VVFC office for appropriate forms to request vaccine administered outside your regular office hours.

Vaccine for VVFC Patients	Doses Requested (in multiples of 10)
6 months - 35 months – <i>injectable</i>	_____ doses
36 months - 18 years - <i>injectable</i>	_____ doses
Healthy, 2 years – 18 years - <i>intranasal</i>	_____ doses
YOUR ADVANCED ORDER FOR VVFC INFLUENZA VACCINE WILL BE CONFIRMED VIA MAIL, INDICATING THE TOTAL DOSES YOUR FACILITY WILL RECEIVE. If you do not receive confirmation by May 31st, please contact the VVFC office.	

Please fax, e-mail, or mail your order to:

Virginia Vaccines For Children Program
109 Governor Street, Room 314 West
Richmond, Virginia 23219
Phone: (877) 781-VVFC or (804) 864-8055
Fax: (804) 864-8090 or 8089, Email: vvfc@vdh.virginia.gov

VVFC Office Use Only	
TIV 6m-35m	_____
TIV 36m-18y	_____
LAIV	_____